

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO. 09/744752	FILING DATE	
				APPLICANT(S)		
				CLAIMS		
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	31					
5	10					
6	01					
7	10					
8	01					
9	10					
10	01					
11	10					
12	01					
13	10					
14	01					
15	10					
16	0					
17	10					
18	01					
19	10					
20						
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1		1		1	
TOTAL DEP.	19	→	16	→	16	
TOTAL CLAIMS	20	1	17	1	17	

PTO-1360 (5-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS*

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